

DEPARTMENT OF THE ARMY  
U.S. ARMY FIELD ARTILLERY CENTER AND FORT SILL  
FORT SILL, OKLAHOMA 73503

USAFACFS Memorandum  
No. 600-8

14 August 2000

Personnel: General

**SUICIDE PREVENTION AND COMMAND WELLNESS  
WHEN SERVICEMEMBERS ARE NOT STATIONED AT FORT SILL**

**1. PURPOSE.** To extend suicide prevention into the entire local military community and to establish local command responsibility when the servicemember or family member is in the local area, the servicemember or sponsor is not assigned to Fort Sill, and Fort Sill personnel become aware that the servicemember or family member is at-risk of suicide or faces difficulties in other command wellness areas. **These are the only situations this memorandum addresses.** This will help us fulfill our command wellness responsibility—our responsibility to promote the well being of servicemembers and their family members.

**2. REFERENCES.**

- a. AR 600-63, 28 April 1996, Army Health Promotion Program.
- b. USAFACFS Regulation 600-8, 2 May 00, Suicide Prevention Plan.
- c. DA Pamphlet 600-24, 30 Sep 88, Suicide Prevention and Psychological Autopsy.
- d. AR 600-20, 15 July 1999, Army Command Policy.

**3. GENERAL.**

a. Suicide Prevention. In all cases in which servicemembers or family members are identified as at-risk for suicide, Fort Sill leaders must get the person the professional help he or she needs to work through this difficult time. Leaders must try to have Community Mental Health Service (CMHS) or a chaplain see the person. After duty hours, personnel should go to Reynolds Army Community Hospital (RACH) Emergency Room for assessment. Personnel who become aware of an at-risk situation should be guided by appendices A-C of USAFACFS Regulation 600-8. To ensure that proper resources are used in each situation, an appropriate local commander (defined in paragraph 5, below) will ensure that the at-risk servicemember or family member receives the care required.

b. Other Situations. Our command wellness responsibility to the local military community extends beyond suicide prevention. Many other situations arise affecting a servicemember or family member in the local area when the servicemember or sponsor is not assigned to Fort Sill but local command involvement is still warranted and appropriate to assist the person affected, e.g., financial hardship or domestic violence. Paragraph 5 below identifies the appropriate local commander for any of these situations.

**4. NOTIFICATION.** Any person aware of a servicemember or servicemember's family member in the local area who is or may be at-risk for suicide should notify the military police, who shall immediately convey the information to Commander, Law Enforcement Command (LEC), or an officer designee. The Cdr, LEC, should seek to facilitate proper notification and intervention efforts. As soon as practicable, Cdr, LEC, should notify the appropriate local commander identified IAW paragraph 5, below, who shall assume responsibility of the case. The appropriate local commander shall consult CMHS as soon as practicable and the OSJA as needed.

**5. APPROPRIATE LOCAL COMMANDER.** For purposes of this memorandum—

a. The appropriate local commander is the unit commander when the person identified as at-risk for suicide (or otherwise affected as described in paragraph 3b above) is a servicemember in the local area and is known either to be PCS'ing to or to have PCS'ed from a known unit on Fort Sill.

b. The appropriate local commander is the unit commander when the person identified as at-risk for suicide (or otherwise affected as described in paragraph 3b above) is a family member in the local area and the sponsor is PCS'ing to or has PCS'ed from a known unit on Fort Sill.

c. The appropriate local commander is the Garrison Commander in any case other than in subparagraph a or b above,

**6. SERVICEMEMBER REFERRAL.** The appropriate local commander shall ensure that a servicemember identified as at-risk for suicide is referred for appropriate CMHS evaluation.

**7. COMMAND & CONTROL.** If a servicemember identified as at-risk for suicide refuses to go to CMHS, the appropriate local commander should ask the servicemember's actual commander to order the servicemember to go. The local commander should have the military police deliver the order to the servicemember and escort the servicemember to CMHS. However, Army leaders should

not hesitate to exercise command and control of the at-risk soldier in an emergency situation IAW AR 600-20, paragraph 2-10. You may often accomplish this by contacting the appropriate law enforcement unit as outlined in the next paragraph. When the servicemember's command is unknown, the appropriate local commander should identify the command through the Personnel Operations Branch at 442-6707/2377 (after duty hours: 695-2444 or pager 800-647-7243 pin 8923) or alternatively through MEDDAC at 458-2757/2770 (after duty hours: 458-2770 (Emergency Room)).

**8. FAMILY MEMBERS.** The appropriate local commander shall ensure that a servicemember's family member identified as at-risk for suicide is urged to seek evaluation or counseling with CMHS. If the family member does not go to CMHS, urge the family member to seek evaluation or counseling with a chaplain or mental health professional. If a family member identified as at-risk for suicide refuses to go to CMHS or other appropriate provider, the appropriate local commander shall notify the military police if the family member is on-post or the appropriate law enforcement unit if the family member is off-post. A law enforcement officer who reasonably believes that the family member requires treatment can take that person into protective custody and initiate proceedings to get the person into treatment. The appropriate local commander should not notify the military sponsor without first consulting with CMHS, the unit chaplain, or SJA (Administrative Law Division).

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(ATZR-J)

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